

FILED JUN 19 1957 STANDARD CERTIFICATE OF DEATH

57 0 2 2 1 6 0  
State File No.

|   |                               |   |  |  |  |   |  |
|---|-------------------------------|---|--|--|--|---|--|
| BIRTH NO.   |                               | REG. DIST. NO. <u>290</u>   |  | PRIMARY REG. DIST. NO. <u>4427</u>   |  | Registrar's No. <u>74</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pulaski</u>   |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. (STATE) <u>Missouri</u><br>b. COUNTY <u>Phelps</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Waynesville</u><br>OR TOWN  |                               |   |  | c. CITY OR TOWN <u>Edger Springs</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>   |                               |   |  | e. STREET ADDRESS <u>0810</u> (If rural, give location)  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |                               | a. (First) <u>John</u>  |  | b. (Middle) <u>Aurelius</u>  |  | c. (Last) <u>Fields</u>   |  |
| 4. DATE OF DEATH  |                               | (Month) <u>June</u>   |  | (Day) <u>12</u>  |  | (Year) <u>1957</u>  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>   |  | 8. DATE OF BIRTH <u>MARCH 29 1874</u>  |  | 9. AGE (In years last birthday) <u>83</u><br>If UNDER 1 YEAR: Months <u>2</u> Days <u>14</u> Hours <u></u> Min. <u></u>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Pulaski County Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>  |  |
| 13a. FATHER'S NAME <u>James Fields</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>SARAH ANN LOGAN</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>Daisy May Bitticks</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |                               | 16. SOCIAL SECURITY NO. <u>NONE</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Case Milledate</u> ADDRESS <u>See</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                   |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br>ANTECEDENT CAUSES <u>Cardio-vascular-renal disease</u><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>senility, nephritis</u><br>DUE TO (c) <u>arteriosclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>14 hours</u>  |  |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |  | 442X   |  | 20. AUTOPSY? <input type="checkbox"/><br>YES <input type="checkbox"/> NO <input type="checkbox"/>                         |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?   |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>April 10, 1948</u> , to <u>June 12, 1957</u> , that I last saw the deceased alive on <u>June 12, 1957</u> , and that death occurred at <u>6:15 P.M.</u> , from the causes and on the date stated above. |                               |   |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>Richard E. Myers M.D.</u>   |                               | 23b. ADDRESS <u>Newburg, Mo.</u>  |  | 23c. DATE SIGNED <u>6-12-57</u>  |  |   |  |
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>   |                               | 24b. DATE <u>June 14 1957</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Edger Springs Mo</u>   |  |
| DATE REC'D BY LOCAL REG. <u>6-13-57</u>   |                               | REGISTRAR'S SIGNATURE <u>Paula Mae Anderson</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u> ADDRESS <u>Newburg Mo</u>  |  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-15-57  
Pulaski County Health Officer  
File Number 74  
Date Filed 6-13-57

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by William Lee Strawn....., Student Embalmer No. 543 working under my personal supervision..

Student William Lee Strawn  
Signature of Student Embalmer

Signed Lee Johnson

Licensed Embalmer No. 339

P. O. Address Newburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING, (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.